

Case #	ŧ .	

## APPLICATION FOR **DEVELOPMENT**

	I. PROPERTY INFORMATION: and the proposed development. Attack	Provide information to identify properties h additional sheets if necessary.		
PLEASE CHECK THE TYPE OF REVIEW  West Innovation Districts	Property Address(es): 52 5. High 5t.			
(Zoning Code Sections 153.037 - 153.043)  Bridge Street Corridor Districts (Zoning Code Sections 153.057- 153.066)	Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:		
□ Wireless Communication Facility (Chapter 99)	4547 203 10			
PLEASE CHECK THE APPLICATION TYPE  □ Basic Plan Review □ Minor Project  □ Development Plan Review □ Site Plan Review	Existing Land Use/Development:	Zoning District:		
Waiver Review Master Sign Plan Parking Plan Parking Plan	☐ Check this box if any <b>Administrat</b> an Administrative Departure reque	tive <b>Departures</b> are requested and attach st form.		
□ City Council Appeal □ Administrative Departure	<ul> <li>Check this box if any Waivers are requested as part of the application for development and attach a Waiver Request form.</li> </ul>			
Wireless Applications  □ New Tower □ Co-Location □ Alternative Structure □ Temporary	II. PROPERTY OWNER INFORI organization(s) who own the property pages if there are multiple property ow	proposed for development. Attach additional		
The following applications require review and decision by the Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board, but may be submitted concurrently with another application.	Name (Individual or Organization):  Michael Ray Ltd by  Rob Cummins partner			
Check any that apply:	Mailing Address:			
□ Conditional Use □ Rezoning □ Administrative Appeal	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	2020 Roundwyck Ln		
<ul> <li>□ Project involving modifications to property within the Architectural Review District</li> <li>□ Other:</li> </ul>	Powell OH 4:	3065		
	Daytime Telephone: 614-309-6077	Fax: 614 846-3244		
SUBMISSION REQUIREMENTS  Fee (refer to the approved fees list)		Email or Alternate Contact Information:		
Electronic Copies of all application materials (PDF, JPEG, Word, etc. as appropriate)	1 permins 6 colump	us. M. com		
Submission Requirements for each type of application (refer to checklists)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE		
Legal Description and/or Property Survey for the subject property	Date of Acceptance:	Next Decision Due Date:		
	Final Date of Decision:	Determination:		

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Director's (or Designee's) Signature:

III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).	
Name: (Individual or Organization) Ryan Hulme	
Mailing Address: 4768 Hayden Blyd Columbus 0	H 43221
Daytime Telephone: 614 - 989 - 7348 Fax:	
Email or Alternate Contact Information: Winans of dublin @ quail, co	~
IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the propert	
Name: (Individual or Organization) Anthony Zender Winans of dubl	W
Mailing Address: 52 S. Hish ST	
Daytime Telephone: $766 - 7061$	
Email or Alternate Contact Information: Winansof Deblw ( Gma. 1. Con	
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if app	olicable.
to act as a <b>representative(s)</b> in all matters pertaining to the processing and approval of this application, in to be bound by all representations and agreements made by the designated representative.	ncluding modifying the application. I agree
Signature of Current Property Owner:  Bob Current port or Michael Ray Ltd	Date: 4 - 4 - 1 3
☐ Check this box if the original Authorization for Owner's Applican(s)/Representative(s) is attached  VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives  The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a  application. This is optional, but recommended.	s are essential to process this application.
I, Anthony Tender , the owner or authorized representative to enter, photograph and/or post a notice on the property described in this application.	e, hereby authorize City representatives
Signature of Owner or Authorized Representative:	Date: 4-5-1
VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.	
I, Hayheay Zender II , the <b>owner</b> or <b>authorized represental</b> contents of this application. The information contained in this application, attached exhibits and other inform respects true and correct, to the best of my knowledge and belief.	tive, have read and understand the nation submitted, is complete and in all
Signature of Current Property Owner or Authorized Representative:	Date:
(artes) et	4-5-13
Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document	nent.
Subscribed and sworn to before me this day of	20_/3
State of Ohio	NICHOLAS SNYDER
County of Frenklin	Notary Public In and For the State of Chio
	1.0-4(10 (100,001) (50,001) (50,001)

Winans of Dublin 52 S High St Dublin, Oh 43017

## PATIO PROPOSEL

Hours of operation: Monday-Thursday 7am-8pm Friday 7am-7pm Saturday 10am-5pm Sunday 11am-4pm

## Patio use:

Customers to consume coffee, chocolate, and computer use.

## Materials and Furniture:

Brick paver's matching existing Dublin sidewalk according to city specifications.

Threshold™ Piazza 3-Piece Wrought Iron Patio Bistro Furniture Set Black 3 Sets of:

- Number of Pieces: 3
- Includes: Bistro Table, 2 Bistro Chairs
- Features: Mesh Back, Mesh Seat
- Protective Qualities: Rust Resistant, Weather Resistant
- Frame Material: Wrought Iron
- · Table Top Material: Steel
- Chair Seat Material: Steel Mesh
- Hardware Material: Steel
- Finish: Powder-Coated
- Care and Cleaning: Wipe Clean With a Damp Cloth
- Table Dimensions: 29.0 " H x 28.0 " W x 28.0 " D
- Table Weight: 16.77 Lb.
- Chair Dimensions: 34.25 " H x 18.75 " W x 21.0 " D
- Chair Seat Dimensions: 16.75 " H x 18.75 " W x 16.0 " D
- Chair Weight: 13.47 Lb.



**PLANNING** 











